


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # P00000089688 1. Entity Name CAPITAL RISK PARTNERS, INC. | |  |
| Principal Place of Business 2401 NW BOCA RATON BLVD. SUITE 100 BOCA RATON, FL 33431 | Mailing Address 2401 NW BOCA RATON BLVD. SUITE 100 BOCA RATON, FL 33431 | |
| DO NOT WRITE IN THIS SPACE | | |



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1042916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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|--|
| 6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 |
|--|

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000115980
04/16/04-80045-019 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AMISS, MICHAEL 2401 NW BOCA RATON BLVD. SUITE 100 BOCA RATON, FL 33431 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/4/04